

## Children's Commission Strategic Objectives and Data Questions

Strategic Objective	Data Query	What we want to learn	Who has the Data
1.1 Support efforts to prevent child abuse and neglect	% of Medicaid children with a DCS intervention, age at 1 <sup>st</sup> DCS contact, # of placements, permanency outcome, what Medicaid-paid services have they received?	Can we intervene earlier through Medicaid/healthcare/DRF to provide supports to families that can help prevent abuse & neglect?	DCS, Medicaid
		Can Medicaid-paid interventions of any type help support families in DCS to stabilize and reach safety and permanency?	
1.2 Support efforts to ensure the safety of children in state care	# of reported safety violations in Medicaid-paid residential facilities, % of children in a state-paid facility experiencing a safety violation, # repeated violations	How safe are children in state-paid facilities? How can state-paid facilities be made safer? This data can be used to track progress	Medicaid, FSSA, DCS?
1.3 Promote programs and services that support older youth with successful transition to independence	% of first-time adult Medicaid enrollees with a high school diploma	Another way to look at educational outcomes for vulnerable youth. Are there opportunities through Medicaid/DFR to refer individuals without a diploma to Excel Centers or HSE classes?	Medicaid, IDOE
2.1 Advocate for increased availability of and access to emergency shelter care and alternative therapeutic placements	Map existing facilities, including their capacity, which are Medicaid-paid and which are not. Include any child placement that is NOT juvenile detention, DOC, foster care or kinship care.	What is our current capacity in shelter care as a state?	DCS, Medicaid, DMHA

<p>2.7 Support the ongoing efforts of the CSEC work group in addressing the identification of exploited juveniles and the coordination of services related to juvenile victims of human trafficking.</p>	<p>Services to CHINS 3.5 (juvenile victims of trafficking)—how many served, number and type of services, level of funding</p>	<p>Does Medicaid fund services for trafficking victims? Residential and non-residential. What is the level of funding and the amount of services currently being delivered? Where are the gaps?</p>	<p>Medicaid, DCS, DMHA</p>
<p>3.4 Support efforts to increase the number of mental health and substance abuse providers; improve service coordination to simplify delivery of services for children and their families</p>	<p>% of PLA providers who accept Medicaid + % who have contracts with DCS + overlap % of Medicaid patients receiving MH/SA services who have care coordination</p>	<p>Are there gaps in access to treatment based on Medicaid status (vs. private insurance or self-pay)? Is there room to improve “service coordination to simplify delivery of services for children and their families” via the MCEs providing a greater level of care coordination? Who is doing this in the private sector? How do DCS-contracted mental health providers fit into the picture?</p>	<p>PLA, Medicaid</p>
<p>3.5 Support development of models to identify youth at risk for substance abuse and mental health issues</p>	<p>Retrospective data study on adults w/MH or SA diagnosis, all state points of intervention—where could we have intervened earlier? (DCS, TANF, Pre-K, DOE)</p>	<p>Where are the greatest opportunities for the state to intervene and prevent or reduce the risk of a youth developing mental health problems or substance use disorders? What system are youth who later become adults with these problems most likely to interact with, and at what age?</p>	<p>Medicaid, DMHA, DCS, DFR, OECOSL, DOE)</p>
<p>3.6 Engage with the Governor’s Commission to Combat Drug Abuse to address issues of children’s use of prescription drugs and children being raised by parents suffering from addiction</p>	<p>Add a child component to the current drug data system. E.g., how many of the individuals with OD have children? What ages? What intervention follows the OD for the rest of the family?</p>	<p>How can the systems we are building to help treat adults with addiction also be mindful of children living in the same households and take their needs into account?</p>	<p>MPH</p>

<p>4.1 Explore models to develop an “educational passport” to provide a comprehensive understanding of the educational history of vulnerable children and youth when they move from place to place and school to school.</p>	<p>Take a sample of foster children and match their placements against their school enrollment. Geographic mapping, number of school transfers, possibly match with educational data like attendance, grades, discipline referrals.</p>	<p>How is the state doing at keeping as much stability as possible in kids’ educational settings? How does the number of placements and/or the number of school moves impact their educational outcomes?</p>	<p>DOE, DCS</p>
<p>4.2 Advocate for additional and improved services integrated in schools to address mental health and wellness</p>	<p># of students served, services provided, and dollars spent on Medicaid services delivered in schools, via mental health providers, health care providers, and special ed</p>	<p>Where is there room to improve access to mental health services at school for children on Medicaid? Are we maximizing the ability of Medicaid to help cover IEP services?</p>	<p>Medicaid, DMHA, IDOE</p>
<p>4.3 Recommend methods to incentivize schools to help vulnerable youth complete high school</p>	<p>Data dive on students who drop out: what system touchpoints have they had, and at what ages? Are they current (adult) Medicaid recipients?</p>	<p>Is there an opportunity for MCEs to encourage/incentivize high school completion or equivalency?</p>	<p>Medicaid, IDOE</p>
<p>4.6 Study and report on the graduation rate of vulnerable youth</p>	<p>Data share currently in progress between DOE and DCS (MPH involvement?)</p>		